



2026 Sponsorship Agreement Payment & Tax Receipt

Please complete this form and return, with payment, to the address listed below.

Please make a copy of this form for your tax records.

CMF's tax ID: 91-1576083.

Thank you for your donation!

Business Name	Contact Person	Phone Number

Address	Email Address

	Naming Sponsor CLAIMED	\$4,400		Pro LD Insurance Hole	\$1,100
	Dinner Sponsor	\$2,750		Team Photo Hole Sponsor	\$1,100
	Awards Sponsor CLAIMED	\$2,750		Tossie Hole Sponsor	\$1,100
	Tee Prize Sponsor	\$2,200		Practice Range Ball Sponsor	\$1,100
	Lunch & Snack HELD	\$2,200		Driving Range Target Contest	\$1,100
	Golf Cart Sponsor SOLD	\$2,200		Chipping Contest	\$825
	Beverage Cart Sponsor	\$1,650		Putting Contest	\$825
	Golf Ball Tee Prize Sponsor	\$1,650		Skills Contest (1)	\$825
	Advantage Hole	\$1,100		OR Skills Contest (all 4)	\$2,750
	Gopher Hole	\$1,100		Hole Sponsor	\$550
	In-Kind Donation/Value:				

If In-Kind Donation, please list donated items:

Method of payment:

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td>Check</td></tr> <tr><td></td><td>Cash</td></tr> <tr><td></td><td>In-Kind</td></tr> </table>		Check		Cash		In-Kind	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td>Credit card</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Make credit card payments at cascademedicalfoundation.org or call CMF's office at 509-548-2523. </td> </tr> </table>		Credit card	Make credit card payments at cascademedicalfoundation.org or call CMF's office at 509-548-2523.	
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	Cash										
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Please submit sponsorship donations in full no later than March 1, 2026

Mail to: Cascade Medical Foundation
817 Commercial St.
Leavenworth, WA 98826

**Please email a high-quality image
file of your business logo to:**
foundation@cascademedical.org

*CMF Mission Statement: "To enhance and financially support Cascade Medical's
ability to deliver quality healthcare in our community."*